

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32931**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9044**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9044</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI BAPTIST HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>2101 Alameda Ave</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>EMMA</b>		b. (Middle) <b>Marie</b>		c. (Last) <b>FINCH.</b>					
4. DATE OF DEATH		(Month) <b>SEPT.</b>		(Day) <b>28,</b>		(Year) <b>1952</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Sept. 17, 1866</b>					
9. AGE (In years last birthday) <b>86</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Indianapolis, Indiana</b>					
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>unk Schaffer</b>		13b. MOTHER'S MAIDEN NAME <b>unk</b>		14. NAME OF HUSBAND OR WIFE <b>John Charles Finch</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss. Marye Finch</b> ADDRESS <b>2101 Alameda Ave.</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES <b>Chronic Hypertension</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Smoking</b> Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b> <b>6 years</b> <b>9 mo</b>				19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4222</b>		22. I hereby certify that I attended the deceased from <b>Jan 5, 1912</b> , to <b>Sept 28, 1952</b> , that I last saw the deceased alive on <b>Sept 27, 1952</b> , and that death occurred <b>2:40 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>P. D. M... ..</b>		23b. ADDRESS <b>467 No. 1st St. St. Louis</b>		23c. DATE SIGNED <b>9/29/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crema</b>					
24b. DATE <b>Oct. 1, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>		24d. LOCATION (City, town, or county) <b>St. Louis Co., Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b> ADDRESS <b>7233 Delmar Blvd.</b>					
DATE REC'D BY LOCAL REG. <b>SEP 2-9 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		26. (Licensed Embalmer's Statement on Reverse Side)							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Arnold W. Schoene*

Signed.....

Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.